Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

FILI	ED IN UNITED STATES DISTRICT UIT COURT, DISTRICT OF UTAH		S DISTRIC for the	CT COURT
	JAN 2 2 2025	Di	strict of	 Case: 2:25-cv-00047
ВУ	GARY P. SERDAR CLERK OF COURT DEPUTY CLERK		Division	Assigned To: Romero, Cecilia M. Assign. Date: 1/22/2025
:	Romy Bubba Kush) Case 1	Description: Kush v. Trump et al
. 	Plaintiff(s) (Write the full name of each plaintiff who if If the names of all the plaintiffs cannot fit please write "see attached" in the space a page with the full list of names.)	in the space above,)) Jury Tri)	al: (check one) Yes No
)ou uth	ald Trump, Rand Daul,	William Gales, HRomney, And) livent Luom o	
	Defendant(s) (Write the full name of each defendant when names of all the defendants cannot fit in the write "see attached" in the space and attached with the full list of names. Do not include	o is being sued. If the Pfice space above, please than additional page	tř. Directors zer, Modern	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisone

I.

	The Plaintiff(s)	GATHERING
	Provide the information below for	each plaintiff named in the complaint. Attach additional pages in
	needed.	odon plantini namod in the complant. Truden additional pages i
	Name	Inshulla Trange Remy Bubba Ku
	Address	
		2210 Snow Basin Grele Sandy UT 84093
		City State Zip Code
	County	Salt Lake County
	Telephone Number	
	E-Mail Address	
	D Wall Address	remy & vemybubbakush ovg
	The Defendant(s)	Λ (
		Gatherna
		each defendant named in the complaint, whether the defendant is
		an organization, or a corporation. For an individual defendant,
		known) and check whether you are bringing this complaint again
	them in their individual capacity or	r official capacity, or both. Attach additional pages if needed.
	Defendant No. 1	
		Adl T
٠.	Name	Arthony Faver
	T 1 (TS) 1 (A.A.) .	
	Job or Title (if known)	J
	Job or Title (if known) Address	J
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ं च		City State Zip Code
y W		City State Zip Code
સ્	Address	City State Zip Code
- - -	Address County	City State Zip Code
	Address County Telephone Number	
	Address County Telephone Number	City State Zip Code Individual capacity Official capacity
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	Address County Telephone Number	Individual capacity Official capacity
. X	Address County Telephone Number E-Mail Address (if known)	
	Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name	Individual capacity Official capacity
	Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)	Individual capacity Official capacity
	Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name	Individual capacity Official capacity
	Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)	Individual capacity Sofficial capacity William Gates
	Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known) Address	Individual capacity Official capacity
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	Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known) Address	Individual capacity Sofficial capacity William Gates

	Defendant No. 3	^		
	Name	Spencer Cox	Κ	
	Job or Title (if known)			
	Address			
		City	State	Zip Code
	County	,		•
	Telephone Number			
	E-Mail Address (if known)			
		Individual capacity	Official capa	city
	Defendant No. 4			
	Name	Donald Ir	mP	
	Job or Title (if known)			
	Address			
		City	State	Zip Code
	County	Cuy	ыше	zip Code
	Telephone Number			
	E-Mail Address (if known)			
		Individual capacity	Official capa	citv
		ETC	1/-3	
Basis	s for Jurisdiction	7 , -		
	er 42 U.S.C. § 1983, you may sue star			
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imm Fede	unities secured by the Constitution ar ral Bureau of Narcotics, 403 U.S. 38	8 (1971), you may sue federal		
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immi Fede const	unities secured by the Constitution ar ral Bureau of Narcotics, 403 U.S. 38 titutional rights. Are you bringing suit against (checons), Federal officials (a Bivens classical State or local officials (a § 19). Section 1983 allows claims alleging the Constitution and [federal laws).	8 (1971), you may sue federal ck all that apply): aim) 983 claim) ng the "deprivation of any righ]." 42 U.S.C. § 1983. If you a	officials for the vi ats, privileges, or in are suing under sec	olation of certain nmunities secured by tion 1983, what

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- Where did the events giving rise to your claim(s) occur?
 The lated defendants engaged in mass deception and misrepresentation of the 'COVID VACCINE' inpring and killing many through this process that formally and publicly was launched in 2020 but began behind closed doors years before including many dress rehearsals. A.
- В. What date and approximate time did the events giving rise to your claim(s) occur?

Jan. 2020 to present

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? C. Was anyone else involved? Who else saw what happened?)

Will present in Electronic File

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Stop those companies and agents from conducting any business within our Nation & borders and cover costs of all damages to all parties who have been dumaged

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: \mathcal{O}	122/25		٠.		. · · · ·
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-	Printed Name of Plaintiff	Remy	Rubba K	ush		
3.	For Attorneys					
, g	Date of signing:	•	•		•	
						-
	Signature of Attorney			-		•
	Printed Name of Attorney		• •			
	Bar Number	•		1.1 1.2		
	Name of Law Firm					
	Address		-	-		
-	1	7				
			City		State	Zip Code
	Telephone Number					
	E-mail Address					